FORM D



UNITED STATES SECURITIES AND EXCHANGE COMMISSION Washington, D.C. 20549

FORM D

NOTICE OF SALE OF SECURITIES PURSUANT TO REGULATION D, SECTION 4(6), AND/OR UNIFORM LIMITED OFFERING EXEMPTION

OMB APPROVAL	_
RECEIVED	
JUN 0 5 2002	
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UNIFORM LIMITED OFFERING EXEMPTION
Name of Offering check if this is an amendment and name has changed, and indicate change.) O15007
Filing Under (Check box(es) that apply): Rule 504 Rule 505 Rule 506 Section 4(6) ULOE Type of Filing: New Filing Amendment
A. BASIC IDENTIFICATION DATA
1. Enter the information requested about the issuer
Name of Issuer (check if this is an amendment and name has changed, and indicate change.) WROSK CONSTRUCTOR COMPANY
Address of Executive Offices (Number and Street, City, State, Zip Code) 1525 E. MARWE VIEW DR. EVERET, WA 98102- 425-551-3100
Address of Principal Business Operations (Number and Street, City, State, Zip Code) (if different from Executive Offices) Telephone Number (Including Area Code)
Brief Description of Business PHOCESSED
CIVIL CONSTRUCTION HIN 1 9 2002
Type of Business Organization corporation limited partnership, already formed business trust limited partnership, to be formed THOMSON FINANCIAL
Month Year V P
GENERAL INSTRUCTIONS
Federal: Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).
When To File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.
Where To File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.
Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.
Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.
Filing Fee: There is no federal filing fee.
State: This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

Failure to file notice in the appropriate states will not result in a loss of a federal exemption. Conversely, failure to file the appropriate federal notice

will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.



A. BASIC IDENTIFICATION DATA

2. Enter the information requested for the following:

SEE EXHIBIT A

- · Each promoter of the issuer, if the issuer has been organized within the past five years.
- Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
- Each executive officer and director of corporate issuers and corporate general and managing partners of partnership issuers; and

Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or
	<u></u>				Managing Partner
Full Name (Last name first, it	f individual)				
Business or Residence Addre	ss (Number and Stre	eet, City, State, Zip Code)			· ·
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, it	f individual)				
Business or Residence Addre	ss (Number and Stre	eet, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or
					Managing Partner
Full Name (Last name first, if	findividual)		<u></u>		
Business or Residence Addre	ss (Number and Stre	eet, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or
				·	Managing Partner
Full Name (Last name first, if	findividual)				
Business or Residence Addre	ss (Number and Stre	eet, City, State, Zip Code)		· · · · · · · · · · · · · · · · · · ·	
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Business or Residencé Addre	ss (Number and Stre	et, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or
					Managing Partner
Full Name (Last name first, if	individual)				
Business or Residence Addre	ss (Number and Stre	eet, City, State, Zip Code)			
Check Box(es) that Apply:	Promoter	Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Full Name (Last name first, if	findividual)				`

A. BASIC IDENTIFICATION DATA CON'T. Enter the information requested for the following: Each promoter of the issuer, if the issuer has been organized within the past five years. Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer; Each executive officer and director of corporate issuers and corporate general and managing partners of partnership issuers; and Each general and managing partner of partnership issuers. Check Box(es) that Apply: Promoter **Executive Officer** Beneficial Owner Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner **Executive Officer** Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner **Executive Officer** Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner **Executive Officer** Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: **Executive Officer** General and/or Promoter Beneficial Owner Director Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Beneficial Owner **Executive Officer** Director General and/or Promoter Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code) Check Box(es) that Apply: Promoter Beneficial Owner **Executive Officer** Director General and/or Managing Partner Full Name (Last name first, if individual) Business or Residence Address (Number and Street, City, State, Zip Code)

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

3 of 9 (9/97)

					B. INFORM	MATION ABO	OUT OFFERI	NG				
1.	Has the issuer	sold, or does	s the issuer in	tend to sell, to	non-accredited	investors in the	his offering?.					···· Yes No
				Ansv	ver also in app	endix, Column	2, if filing un	der ULOE.				
2.	What is the m	inimum inve	stment that w	ill be accepted	from any indi-	vidual						\$ <u>1,000</u> .00
,	Dage that affer		int a	- of a simula	nit?							Yes No
												لـــا الــا
:	solicitation of registered with	purchasers in the SEC and	connection w/or with a sta	vith sales of secute te or states, list	been or will burities in the of the name of the nation for that	fering. If a pers e broker or dea	son to be listed ler. If more th	is an associ	ated person	or agent of a	broker or de	aler
Full N	ame (Last nar	ne first, if ind	lividual)	···								
Dusins	as as Dasidas	an Addenso (Vumban and 6	Street, City, Str		IONE						
Busine	ss or Residen	ice Address (I	Number and	Street, City, Su	ite, Zip Code)							
Name	of Associated	Broker or De	ealer									
States	in Which Per	son Listed Ha	s Solicited of	r Intends to So	licit Purchasers							
((Check "All S	tates" or chec	k individual	States)								. All States
[AL] [IL]	[AK] [IN]	[AZ] [IA]	[AR] [KS]	[CA] [KY]	[CO] [LA]	[CT] [ME]	[DE] [MD]	[DC] [MA]	[FL] [MI]	[GA] [MN]	[HI] [MS]	[ID] [MO]
[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]
Full N	ame (Last nar	ne first, if ind	lividual)	·· <u>·</u> ···								
				· · · · · · · · · · · · · · · · · · ·					<u> </u>			
Busine	ss or Residen	ice Address (1	Number and S	Street, City, Sta	ate, Zip Code)							
Name	of Associated	Broker or De	ealer									
States	in Which Per	son Listed Ha	s Solicited or	r Intends to So	licit Purchasers	3						
	(Check "A	All States" or	check indivi	dual States)								. All States
[AL] [IL]	[AK] [IN]	[AZ] [IA]	[AR] [KS]	[CA] {KY]	[CO] [LA]	[CT] [ME]	[DE] [MD]	[DC] [MA]	[FL] [MI]	[GA] [MN]	[HI] [MS]	[ID] [MO]
[MT] [RI]	[NE] [SC]	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK]	[OR] [WY]	[PA] [PR]
	ame (Last nar											
		·										
Busine	ess or Residen	ice Address (i	Number and !	Street, City, St	ate, Zip Code)							
Name	of Associated	Broker or De	ealer									
States	in Which Per	son Listed Ha	s Solicited o	r Intends to So	licit Purchasers	5						
	(Check "	All States" or	check indivi	dual States)								. All States
[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]
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(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

	C. OFFERING	PRICE, NUMBER OF INVESTORS, EXPENSES	S AND USE OF PROCEEDS	
	b. Enter the difference between the aggregate	te offering price given in response to Part C - Quest	tion 1 and total	
	expenses furnished in response to Part C - Quest	• •		. /.
	proceeds to the issuer."			s. <i>NB</i>
				(SHRLE
5.	Indicate below the amount of the adjusted gross	s proceeds to the issuer used or proposed to be used	for each of the	EXCHRAR
	purposes shown. If the amount for any purpose is	s not known, furnish an estimate and check the box to	the left of the	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~
	estimate. The total of the payments listed must e	equal the adjusted gross proceeds to the issuer set for	rth in response	
	to Part C - Question 4.b above.		•	
			Payments to	
	NIA- SHARE EXCA	YAMEZ	Officers,	
			Directors, &	Payments To
			•	•
			Affiliates	_ Others
	0.1-1			
			hamal	<u> </u>
				☐ ₂ ——
		achinery and equipment		<u> </u>
	· .	acilities	\$	\$
	Acquisition of other business (including the value may be used in exchange for the assets or securi		•	
	pursuant to a merger)		S	
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		•••••		LJ \$
	Total Payments Listed (column totals added)		\$	
		D. FEDERAL SIGNATURE		
The	issuer has duly caused this notice to be signed by	the undersigned duly authorized person. If this not	tice is filed under Rule 505, the follow	ing signature constitutes a
		ities and Exchange Commission, upon written reque		· -
accı	redited investor pursuant to paragraph (b)(2) of Ru	ule 502.		•
			•.	
Is	suer (Print or Type)	Signatura	Date	
1	MILDER CONSTRUCTOR COMPONS		May 9, 2500	/
l	MIDER CONSTRUCTOR LANGERS	Calla top	1.W1 1, 2000	_
N	ame of Signer (Printer or Type)	Title of Signer (Print or Type)		
	1.		Λ	/
1	VILLAM C. TAYING	VICE PRESIDENT - FINAN	LE AND HOMIMST	extra
	71040	The The state of t		· · ·
		ATTENTION -		

6 of 9

_	D. STATE SIGNATURE
1.	Is any party described in 17 CFR 230.262 presently subject to any of the disqualification provisions Yes No of such rule?
	See Appendix, Column 5, for state response.
2.	The undersigned issuer hereby undertakes to furnish to any state administrator of any state in which this notice is filed, a notice on Form D (17 CFR 239.500) at such times as required by state law.
3.	The undersigned issuer hereby undertakes to furnish to the state administrators, upon written request, information furnished by the issuer to offerees.
4.	The undersigned issuer represents that the issuer is familiar with the conditions that must be satisfied to be entitled to the Uniform Limited Offering Exemption (ULOE) of the state in which this notice is filed and understands that the issuer claiming the availability of this exemption has the burden of establishing that these conditions have been satisfied.
The	issuer has read this notification and knows the contents to be true and has duly caused this notice to be signed on its behalf by the undersigned duly authorized person.
Is.	Suer (Print or Type) NUPER Conserver and Company Wille John May 9, 2002
	arme of Signer (Printer or Type) Title of Signer (Print or Type)

Instruction:

Print the name and title of the signing representative under his signature for the state portion of this form. One copy of every notice on Form D must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

7 of 9 (9/97)

APPENDIX

ı		2	3			3			5
	Intend to non-ac investors	to sell	Type of Security and aggregate offering price offered in state (Part C - Item 1)		Type of investor and amount purchased in State (Part C - Item 2)				
				Number of		Number of			- Item 1)
State	Yes	No	Carlynon stak 811.38/SHARE	Accredited Investors	Amount	Non-Accredited Investors	Amount	Yes	No
AL									
AK	X		8310000	2	\$2,286,531	4	801,049		X
AZ	,								
AR									
CA									
со									
C5									
DE				·					
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MS									
MO					<u> </u>				

8 of 9 (9/97)

1		2	3			3			5
	to non-a investor	to sell ccredited s in State -Item 1)	Type of Security and aggregate offering price offered in state (Part C - Item 1)		Type of investor and amount purchased in State (Part C - Item 2)				
			Common star B11.37/540x	Number of Accredited		Number of Non-Accredited			
State	Yes	No	(1.50 / 50/4)	Investors	Amount	Investors	Amount	Yes	No
MT NE	<u> </u>			· •					
NV		<u></u>						<u> </u>	
NH									
NJ									ļ <u>.</u>
NM									
NY									
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WA	X		->0700		\$100,041	3	211,592		
WV								<u> </u>	
WI	<u> </u>		 			 			
WY PR								-	

EXHIBIT A

Wilder Construction Company

List of 10% Owners, Executive Officers and Directors

Name	Address	10% Owner	Executive Officer	Director
Barton, William E.	585 West Beach Street P. O. Box 50085 Watsonville, CA 95077-5085	*		Х
Boitano, Mark	585 West Beach Street P. O. Box 50085 Watsonville, CA 95077-5085	*		Х
Dickhaus, David N.	11301 Lang Street Anchorage, AK 99515			X
Dorey, William G.	585 West Beach Street P. O. Box 50085 Watsonville, CA 95077-5085	*		X
Helsell, Robert M.	1525 E. Marine View Drive Everett, WA 98201-1927			X
March, Donald M.	1525 E. Marine View Drive Everett, WA 98201-1927		X	X

^{*} These Directors disclaim beneficial ownership of any shares of the issuer owned by their employer, Granite Construction Company.